DERMATOLOGY.

UNDER THE CHARGE OF

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HYALINE DEGENERATION OF THE EPITHELIUM OF CARCINOMA.

UNNA (*Dermatologische Zeitschrift,* 1894, Heft 1), in a study of hyaline degeneration as affecting the epithelium of carcinoma, distinguishes nine chief forms. The first forms a division by itself; in this variety the degeneration appears as absolutely round globules of different sizes, usually in groups of four to ten, lying free between the epithelial cells, and having no connection with them, in the intercellular lymph-spaces. All other hyaline structures can be regarded as cellular and specially epithelial derivatives. They fall into two chief groups: the diffuse, unformed hyaline infiltration, and the formed, sharply circumscribed hyaline structures. The formed epithelial derivatives may be arranged under the following divisions:

1. Round balls of considerable size, which show in their interior the remains of a nucleus, or occupy the place of the nucleus, lying in the enlarged nuclear cavity, so that they are surrounded by a free space and are enclosed by the cell-body.

2. Irregular, oblong, spirally-twisted structures, with many protuberances, and frequently extending into long processes having the same color reaction as the body of the structure. This second group is to be regarded as containing structures of the same kind as the first, which have been given their distorted form through pressure.

3. From both the preceding forms a third is to be distinguished, somewhat smaller but also round, which lies in the nuclear cavity beside the nucleus, and has no nucleus-like contents.

4. These small structures without a nucleus are frequently drawn out as if provided with a stem, which often projects from the cell into a second nuclear cavity. The color reaction of this stem is precisely the same as the round body itself.

5. Besides the processes and stems of the nucleated and non-nucleated hyaline bodies, there are similar structures, not attached to the round forms, which extend as hyaline rods or spirals between the epithelial cells.

6. Both the next forms show capsule-like structures. One sees one or several well-preserved nuclei lying in a hyaline-degenerated vesicular (or, upon section, ring-shaped) cell.

7. A second form shows a shell- or vesicle-like hyaline structure, with nuclear contents and stem-like processes.

8. A third form of hyaline vesicle contains, instead of a nucleus, a nucleated globular body corresponding exactly to type 1.

A Mode of Treating Xanthoma Multiplex.

Leslie Roberts reports (*British Medical Journal*, May, 1894) favorable results in the treatment of a case of xanthoma of the hands, elbows, and buttocks, with the following lotion, which was painted upon the affected parts three or four times a day:

℞.—Acidi salicylici		ʒj.
Liq. epispastici		♏xv.
Ol. ricini		fʒj.
Æther. acetic.	q. s. ad	f℥j.—M.

Under the application of this lotion the nodules grew appreciably smaller. After using it for a time, however, it seemed to influence the disease less than in the beginning of the treatment, and the following was substituted for it:

℞.—Acidi salicylici		ʒj.
Chrysarobini		ʒss.
Ol. ricini		fʒss.
Collodii flex.	q. s. ad	f℥j.—M.

Under this application the nodules completely disappeared from the hands and fingers, but those upon the elbows and buttocks were but little influenced, owing, as the author believes, to the difficulty experienced in keeping the lotion effectually applied to these parts.

Xanthoma Multiplex.

Török (*Pest. med.-chir. Presse*, 1894, 44; also, *Monatsh. für prakt. Derm.*, September 1, 1893, p. 247) describes a case of a fifteen-year-old patient who one year before had jaundice, and six months later showed butter-yellow spots and papules, at first at the inner corners of the eyes, corners of the mouth, on the gums of the incisors, flexor surfaces of the joints, neck, abdomen, inguinal region, and palms. The microscopical examination showed always the presence of the so-called "xanthoma cells," that is, cells with one or more nuclei filled with fat-drops. The younger cells resembled the cells of developed adipose tissue and were grouped about the bloodvessels. The disease may be regarded, therefore, as a lipomatous growth. The fat tissue existing to a remarkable extent in the corium is "heterotopic," or out of place. The relation of the disease to icterus and diabetes is not as yet explained.

Angiokeratoma.

Charles Piffault (*Thèse de Paris*, 1894) summarizes our knowledge of this rare disease as follows: It is a mixed tumor, not congenital, which is met with especially in adolescence and in winter, seated upon the extremities of the limbs and upon the face, coincident with chilblains and local asphyxia. Histologically it is an angioma which develops primarily in the papillary